

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007744

1. Entity Name  
COLLIER AFFORDABLE HOUSING, INC.

**FILED**  
**May 16, 2000 8:00 am.**  
**Secretary of State**  
05-16-2000 90165 007 \*\*\*150.00

Principal Place of Business  
2854 BECCA AVENUE  
NAPLES FL 34112

Mailing Address  
2854 BECCA AVENUE  
NAPLES FL 34112-5841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
625 15th St. NW  
Suite, Apt. #, etc.

3. Mailing Address  
6017 Pine Ridge Rd.  
Suite, Apt. #, etc.  
#210

City & State  
Naples, FL

City & State  
Naples, FL

4. FEI Number  
65-0899730

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip  
34120

Country  
USA

Zip  
34119

Country  
USA

6. Name and Address of Current Registered Agent  
GARNER, JOHN A  
801 LAUREL OAK DRIVE  
SUITE 710  
NAPLES FL 34108

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Karen Gardner 625 15th St. NW Naples, FL 34120			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Reece Gardner 625 15th St. NW Naples, FL 34120			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Gardner Karen Gardner 42500 (941)352-6604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)